COMBINED DECLAI	ATTORNEY'S DOCKET PF4877								
APPLICATION WITI	H POWER OF	ATTORNEY		Anne I Jeanne	e				
() Declaration submitted with initial	filing or			BOUL	LLOI				
() Declaration submitted after initia		Comple App No	ete if known:						
				Group A	Art Unit:				
As below named inventor. I hereby declare that:									
My residence, post office address and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
THERAPEUTIC ARYL PIPERIDINE DERIVATIVES									
the specification of which (check only one item below):									
[]is attached hereto. OR [x] was filed on _ as United States application Serial No. or PCT International									
Application Number PCT/EP03/07612 filed 11 July 2003 and was amended on (MM/DD/YYYY) (if applicable)									
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:									
PRIOR FOREIGN AND ANY P					PD I OD ITTI				
Prior Foreign Application Number (s)	Country		Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED				
1. 0216224.6	GB		12 July 2002		X				
2. 3.		· · · · · ·							
4.									
5.			and the second s						
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:									
Application No.	<u> </u>	Filing Date	e (MM/DD/YYYY)						
1.									
2.	* ' (

Ý

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PF4877

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number U.S. Parent Application or PCT Parent Number PATENTED PATENTED PATENTED PENDING ABANDONED A	PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION										
U.S. Parent Application or PCT Parent Number Parent Filing Date (MM/DD/YYYY)		STATUS (Ch						ne)			
prosecute this application and to transact all business in the Patent and Tridemark Office connected therewith Customer Number 23347 and Customer Number 24062 Address all correspondence and telephone calls to Customer Number 23347 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. 2											
prosecute this application and to transact all business in the Patent and Tridemark Office connected therewith Customer Number 23347 and Customer Number 24062 Address all correspondence and telephone calls to Customer Number 23347 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. 2	•										
prosecute this application and to transact all business in the Patent and Tridemark Office connected therewith Customer Number 23347 and Customer Number 24062 Address all correspondence and telephone calls to Customer Number 23347 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. 2			·								
Lorie Ann MORGAN 919 483 8222 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. PULL NAME OF INVENTOR'S SIGNATURE OF RESIDENCE & CITY OF INVENTOR SIGNATURE OF INVENTOR SIG	prosecute this application and to transact all business in the Patent and Trademark Office connected therewith										
Lorie Ann MORGAN 919 483 8222	Addross	all corresponden	ce and telepho	ne calls to Customer N	umber 23347	4	Direct Telephone Ca	ills to:			
belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. Country of City Paper Pap	Address	an corresponden	ce and telepho	ne cans to Customer ivi	uniber <u>23347</u>		Lorie Ann MORGAN 919 483 8222				
2 OF INVENTOR BOUILLOT INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS IGNATURE O RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS IGNATURE O RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS IGNATURE O RESIDENCE & CITIZENSHIP FIVE MOORE Drive, PO Box 13398 FIRST GIVEN NAME DUMAITRE DUMAITRE FR STATE & ZIP CODECOUNTRY FR CITIZENSHIP POST OFFICE ADDRESS GlaxoSmith Kline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE O FIVE NAME OF INVENTOR INVENTOR'S SIGNATURE O FOR VENTOR CITIZENSHIP POST OFFICE ADDRESS GlaxOSmith Kline Five Moore Drive, PO Box 13398 FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL CITIZENSHIP POST OFFICE O RESIDENCE & CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP POST OFFICE O RESIDENCE & CITY STATE & ZIP CODECOUNTRY FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL COUNTRY OF CITIZENSHIP POST OFFICE OF INVENTOR'S SIGNATURE O FINVENTOR'S SIGNATURE O FORTOFFICE ADDRESS CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP Date: STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP Date: STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP	belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may										
INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS I ADDRESS GIAXOSMITH KIINE POST OFFICE ADDRESS GIAXOSMITH KIINE FIRST GIVEN NAME OF INVENTOR'S SIGNATURE POST OFFICE ADDRESS CITY Research Triangle Park FIRST GIVEN NAME OF INVENTOR'S SIGNATURE POST OFFICE ADDRESS CITY Research Triangle Park FIRST GIVEN NAME BETNATE SECOND GIVEN NAMEINITIAL Addre Volume of Inventor of Citizenship FOST OFFICE ADDRESS CITY Research Triangle Park FIRST GIVEN NAME BETNATE SECOND GIVEN NAMEINITIAL Addre Volume of Citizenship FOST OFFICE FOST OFFICE ADDRESS CITY Research Triangle Park FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL Addre Volume of Citizenship FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL COUNTRY OF CITIZENSHIP FOST OFFICE FOST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP FOST OFFICE TO INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL OF INVENTOR'S SIGNATURE FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL OF INVENTOR'S SIGNATURE FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL OF INVENTOR'S SIGNATURE OF INVENTO	2	A PARTITION DOUBLE OF		·		E					
CITIZENSHIP CESULIS FR	7	INVENTOR'S <	VENTOR'S Signature GNATURE Signature				Phone 2004				
ADDRESS GIAXOSMITHKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE OR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FIRST GIVEN NAME POST OFFICE ADDRESS FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL Andre ORIGINATIVE STATE OR EORIGIN COUNTRY FR COUNTRY OF CITIZENSHIP FR STATE & ZIP CODE/COUNTRY North Carolina 27709, US FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME ORIGINATURE FULL NAME OF INVENTOR'S SIGNATURE OR FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL COUNTRY OF CITIZENSHIP Date: SIGNATURE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP OR RESIDENCE & CITY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP OR RESIDENCE & CITY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP OR STATE & ZIP CODE/COUNTRY COUNTRY OF CI	0		Les Ulis		FR 4/	N COUNTRY	FR				
FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY COUNTRY NOTE COUNTRY FOST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & CITY FIRST GIVEN NAME STATE OR EDITION FOR EDITION FOR COUNTRY FR CITY Research Triangle Park FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL COUNTRY OF CITIZENSHIP FR FR COUNTRY OF CITIZENSHIP FR RESIDENCE & CITY RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NOTTH Carolina 27709, US FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY FR COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FOST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FRESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP Date: SIGNATURE OF INVENTOR'S SIGNATURE FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL COUNTRY OF CITIZENSHIP Date: SIGNATURE OF INVENTOR'S SIGNATURE SIGNATURE STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP SIGNATURE SECOND GIVEN NAME/INITIAL STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP SIGNATURE	ı					angle Park					
OF INVENTOR DUMAITRE OF INVENTOR'S SIGNATURE ORESIDENCE & CITY STATE OR EOFIGN COUNTRY FR COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS GLANOSMITH Kline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ORESIDENCE & CITY STATE & ZIP CODE/COUNTRY North Carolina 27709, US FULL NAME OF INVENTOR'S SIGNATURE ORESIDENCE & CITY STATE & ZIP CODE/COUNTRY North Carolina 27709, US FIRST GIVEN NAME STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR FAMILY NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL ORESIDENCE & CITY STATE & ZIP CODE/COUNTRY STATE & ZIP CODE/COUNTRY OF INVENTOR'S SIGNATURE OREN OF INVENTOR SIGNATURE OREN OF			Five Moore	Drive, PO Box 13398							
OF INVENTOR DÚMAITRE Bernard Andre		FULL NAME			FIRST GIVEN NAM	E		E/INITIAL			
SIGNATURE RESIDENCE & CITY POST OFFICE POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE OR RESIDENCE & CITY RESearch Triangle Park FIRST GIVEN NAME FAMILY NAME FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR'S SIGNATURE OR RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR STATE & ZIP CODE/COUNTRY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP CITIZENSHIP FAMILY NAME OF INVENTOR'S SIGNATURE OR RESIDENCE & CITY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP	(2)		DUMAITRI	E	Bernard		Andre				
RESIDENCE & CITIZENSHIP COUNTRY COUNTRY OF CITIZENSHIP FR			Signature The same of the same			NA April 04					
ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE OR RESIDENCE & CITY TOTAL NAME OF INVENTOR TOTAL NAME OF INVENTOR'S SIGNATURE OR RESIDENCE & CITY TOTAL NAME OF INVENTOR TOTAL NAME TOTAL NAME TOTAL NAME TOTAL NAME OF INVENTOR TOTAL NAME TOTAL NAME	0		Les Ulis		FR —	N COUNTRY /	FR				
Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME OF INVENTOR TIVENSHIP POST OFFICE INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL Date: TOUNTRY OF CITIZENSHIP OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP OUTPUT COUNTRY OF CITIZENSHIP OUTPUT STATE OR FOREIGN COUNTRY STATE & ZIP CODE/COUNTRY		POST OFFICE									
FULL NAME OF INVENTOR INVENTOR'S SIGNATURE OR RESIDENCE & CITY CITIZENSHIP POST OFFICE OF INVENTOR FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP CITY STATE & ZIP CODE/COUNTRY STATE & ZIP CODE/COUNTRY FULL NAME OF INVENTOR INVENTOR'S SIGNATURE OR RESIDENCE & CITY RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY STATE & ZIP CODE/COUNTRY	2	ADDRESS			Research Tri	iangle Park	North Carolina 27709, US				
2 OF INVENTOR INVENTOR'S SIGNATURE 0 RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE 0 FAMILY NAME OF INVENTOR INVENTOR'S SIGNATURE 0 RESIDENCE & CITY STATE & ZIP CODE/COUNTRY FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL Date: OR RESIDENCE & CITY STATE & ZIP CODE/COUNTRY STATE & ZIP CODE/COUNTRY SECOND GIVEN NAME/INITIAL OF INVENTOR'S SIGNATURE OR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY		FIII NAME		211.0, 1 0 BOA 10070	FIRST GIVEN NAM	E	SECOND GIVEN NAM	E/INITIAL			
INVENTOR'S SIGNATURE 0 RESIDENCE & CITY	, I		,								
SIGNATURE O RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME FAMILY NAME OF INVENTOR'S SIGNATURE OR RESIDENCE & CITY RESIDENCE & CITY STATE OR FOREIGN COUNTRY STATE & ZIP CODE/COUNTRY FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL Date: SIGNATURE OR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN COUNTRY STATE & ZIP CODE/COUNTRY	-		Signature				Date				
RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL Date: Date: TOULT OF CITIZENSHIP POST OFFICE POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP STATE & ZIP CODE/COUNTRY]				
CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY ADDRESS FULL NAME FAMILY NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY STATE & ZIP CODE/COUNTRY	٥		CITY		STATE OR FOREIG	ON COUNTRY	COUNTRY OF CITIZEN	SHIP			
POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY RESIDENCE & CITY POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY SECOND GIVEN NAME/INITIAL Date: SIGNATURE O RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY	·										
3 ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY OST OFFICE POST OFFICE OST OFFICE ADDRESS FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL Date: SECOND GIVEN NAME/INITIAL CELL NAME SECOND GIVEN NAME/INITIAL SECOND GIVEN NAME/INITIAL COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP STATE & ZIP CODE/COUNTRY			POST OFFICE AD	DRESS	CITY		STATE & ZIP CODE/CO	UNTRY			
FULL NAME OF INVENTOR INVENTOR'S SIGNATURE ORESIDENCE & CITY RESIDENCE & CITIZENSHIP POST OFFICE POST OFFICE ADDRESS FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL Date: STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP STATE & ZIP CODE/COUNTRY	3										
2 OF INVENTOR INVENTOR'S SIGNATURE 0 RESIDENCE & CITY RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY			FAMILY NAME	1	FIRST GIVEN NAM	IE	SECOND GIVEN NAM	E/INITIAL			
INVENTOR'S SIGNATURE 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY	2										
SIGNATURE 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY	_		Signature		<u> </u>		Date:				
0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY	l										
CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY	0		CITY		STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZEN	SHIP			
POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY											
	l		POST OFFICE AD	DRESS	CITY		STATE & ZIP CODE/CO	UNTRY			
	4	ADDRESS									